

# REVIEW SHEET FOR PARALEGAL (FORMALITIES EXAMINER) WORK

APPLICATION #: 10/517331

DATE: 7/19

NAME: \_\_\_\_\_

RETURN BY: \_\_\_\_\_

As a result of a review of the above application, correction(s) are required. Please make the corrections listed below, or provide documentation as to why no correction is needed.

Complete the correction(s) by the date listed above, and return this sheet, the application, and any additional papers needed to make the correction(s).

Correction Made: Y/N	ERRORS NOTED AND CORRECTIONS REQUIRED
Y	Are fees correct?
N	* Assignee's name is incorrect
N	* Customer's number was not used
N	* First named inventor's address incorrect
	First . . . name . . .
	Second review
✓	* Priority information # incorrect
✓	* Assignee's name is incorrect
	*
	*
	* Assignee's name is incorrect
	Some comments - fees were corrected

DATE RETURNED: 8/11

REVIEWER: Terry M. Johnson-Vessels